

*Maryland Department of
Housing and Community Development*

**Maryland Housing Counseling Fund
GRANT APPLICATION
for Housing Counseling Agencies**

Calendar Year 2016

Division of Neighborhood Revitalization
7800 Harkins Road
Lanham, Maryland 20706
301-429-7525



The Maryland Department of Housing and Community Development pledges to foster the letter and spirit of the law for achieving equal housing opportunity in Maryland.

COUNSELING AGENCIES APPLICATION INSTRUCTIONS

INTRODUCTION

The Housing Counseling and Foreclosure Mediation Fund, also known as the Maryland Housing Counseling Fund (the "Fund"), was established pursuant to Section 7-105.1 of the Real Property Article and Section 4-507 of the Housing and Community Development Article of the Annotated Code of Maryland. The Fund's purpose is to support non-profit and governmental housing counselors that provide professional housing counseling, financial counseling and legal services to Maryland consumers. In the Maryland Housing Counseling Fund (MHCF) Fiscal Year 2013 through Fiscal Year 2015 competitive rounds, financial assistance was focused on helping consumers affected by the foreclosure crisis.

The CY16 round will provide up to a total of \$4.5 million in funding support to non-profit organizations and local government entities providing homebuyer education, housing advice, financial counseling or foreclosure prevention counseling for existing and prospective homeowners in Maryland.

Under the Home Owners Preserving Equity (HOPE) initiative, DHCD has coordinated the investment of State and federal funding to develop a statewide network of more than 50 local, non-profit housing counseling and legal service organizations available to assist Maryland homeowners and tenants. DHCD seeks proposals to further build and enhance that network.

Eligibility of Applicants and Activities:

Applicants for funds to assist housing counseling organizations must be 501(c)(3) non-profit or government organizations. This RFP invites innovative proposals for providing counseling services to improve the well-being and financial stability of Maryland homeowners or tenants, including programs to:

- Provide homebuyer education, credit or financial counseling for existing and prospective homeowners
- Help eligible households access the Earned Income Tax Credit (EITC)
- Prevent foreclosure and provide loss mitigation assistance
- Help households access loan modifications, principal reduction, refinancing, restitution and other benefits made available by programs intended to help homeowners
- Help homeowners sustain loan modifications
- Help homeowners prepare for foreclosure mediation
- Engage pro bono legal professionals to serve consumers
- Assist tenants affected by landlord foreclosures
- Coordinate with other housing counselors and legal services organizations
- Offer other innovative ideas for utilizing counseling services to improve the well-being and financial stability of vulnerable homeowners and renters

Grants will be awarded on a competitive basis to experienced non-profit organizations and local government entities.

Criteria for determining awards:

- Proposed Service Area & Population (10 points, based on geographic need and coverage)
- Experience and Expertise of Counseling Service Team (25 points)
- Proposed Program(s) (25 points)
- Impact of the Proposed Program(s) (25 points)
- Partnership Strategies (15 points)

APPLICATION SUBMISSION PROCEDURES

To be considered for a grant, one (1) original and one (1) copy of an unbound application and all required attachments must be submitted **by 2:00 p.m., Friday, July 31, 2015** to:

Maryland Department of Housing and Community Development
Division of Neighborhood Revitalization
ATTN: Maryland Housing Counseling Fund
7800 Harkins Road
Lanham, Maryland 20706
301-429-7525

THE APPLICATION

The application contains three sections:

- Section I. – General Information
- Section II. – Proposal Information
- Section III. – Documents to be Attached by Applicant

Please be sure to address all questions and include all required attachments. A checklist of the required attachments is provided at the end of Section III for your use.

SECTION I.

GENERAL INFORMATION

PART 1. APPLICANT INFORMATION

1. Applicant Organization's Legal Name:

Year Incorporated/Founded:

Name of Executive Director:

2. Address:

City: _____ State: _____ Zip Code: _____

3. Contact Person: _____

Title: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

4. Federal Tax Identification Number: _____

5. Affiliated Organizations:

PART 2. APPLICANT INFORMATION	
1. Applicant Organizational Name:	
2. Overview of Applicant's overall organizational mission, history and recent accomplishments (<i>Attach as "Exhibit 2-A"</i>)	
3. List of current Board of Directors, including organizational affiliation and address (<i>Attach as "Exhibit 2-B".</i>)	
4. Audits for Last Two Years (<i>Attach as "Exhibit 2-C"</i>)	
5. Operating Budget for Current and Past Fiscal Year (<i>Attach as "Exhibit 2-D"</i>)	

Are you HUD Certified?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
If no, when do you expect to become HUD certified?				
What Client Management System do you use? (e.g. HCO, Counselor Max, etc.)				
Are you currently using Hope Loan Port®			YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
Name of Housing Manager or Program Director				
Phone #:		Email:		
Name of Reporting Contact:				
Phone #:		Email:		

PART 3. APPLICANT CERTIFICATIONS

The undersigned applicant hereby makes application to the Department of Housing and Community Development (the "Department") for a:

CY16 Counseling Services Grant in the amount of: \$_____

The applicant agrees it will not discriminate against any person on the basis of race, color, national origin, sex, marital status, sexual orientation, gender identity and expression, physical or mental disability or age in any aspect of the project and to comply with all applicable federal, State and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Titles VI and VII of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended, and the Governor's Code of Fair Practices, as amended, and will comply with the Department's Minority Business Enterprise (MBE) Program, as applicable. Copies of the MBE Program Guidelines are available to the applicant upon request.

In accordance with Executive Order 01.01.1983.18, the Department advises you that certain personal information requested by the Department is necessary in determining your eligibility for Housing Counseling Assistance Grant Program (the "Program") funds. Your failure to disclose this information may result in the denial of grant funds under the Program. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the OAG, or public officials, for purposes directly connected with administration of the Program for which its use is intended. Such information is not routinely shared with State, federal or local government agencies. You have the right to inspect, amend, or correct personal records in accordance with the Maryland Public Information Act.

The undersigned hereby certifies that the information set forth in this application and any attachments in support hereof, are true, correct and complete to the best of this applicant's knowledge and belief.

In witness whereof, the applicant has caused this document to be duly executed in its name on this _____ day of _____, 20____.

(Full Legal Name of Applicant)

By: _____
(Signature)

Name: _____

Title: _____

SECTION II.

PROPOSAL INFORMATION

PART 1.

PROPOSED AREAS OF SERVICE & POPULATIONS SERVED: (10 points)

Applicant's geographic and client focus:

- a. List the Maryland jurisdictions you propose to serve.
- b. Describe the demographics of the client base you served last year through this program. If this is a new program, describe the demographics of the client base you anticipate serving through this program.
- c. Are you proposing to serve non-English speaking households? If so, describe your experience and current capacity for doing so.
- d. Are you proposing to serve special needs populations such as the elderly, veterans or persons with disabilities? If so, describe your experience and current capacity for doing so.

EXPERIENCE AND EXPERTISE: (25 points)

Organizational experience and track record: Describe your organization's mission and experience, highlighting the accomplishments of major programs, including those that relate to homebuyer education, financial counseling, foreclosure prevention and other relevant consumer issues.

PROPOSED PROGRAM AND THE CAPACITY TO ACCOMPLISH THE PROGRAM:

- a. Describe the program(s) for which you are seeking funding, including the types of counseling or consumer assistance you plan to offer.
- b. If this is a renewal or expansion of the program(s) you are conducting in CY15, describe the level of outputs (activities or people served) and the outcomes achieved to date (the difference your program made for consumers served).
- c. List the key leadership, program staff and volunteers that will be engaged in the proposed program including a brief summary of their experience, education and training. Attach resumes for these key staff.
- d. Describe any new positions you propose to add to the program.
- e. What organizational assets do you have in place that will support a successful program (such as technology, Board leadership, volunteer networks, etc.)?
- f. How will the grant you are requesting leverage other grants from other sources?
- g. Over what period of time do you propose to offer these services?

Please complete the chart below:

<u>Current Pre-Purchase Program Staff</u>	FT/PT?	Certified? (Y/N)	Bilingual/ Language
Name/Title:			
Name/Title:			
<i>(add additional lines as necessary)</i>			
<u>Current Foreclosure Program Staff</u>			
Name/Title:			
Name/Title:			
<i>(add additional lines as necessary)</i>			
<u>Additional Staff for CY16 Request, if applicable</u>			
Name (If Current employed)/Title:			
Name (If Currently employed)/Title:			
<i>(add additional lines as necessary)</i>			

IMPACT OF PROPOSED PROGRAM: (25 points)

Impact of the Proposed Foreclosure Program:

- a. Describe your Program goals, including specific and realistic annual outputs (activities) and outcomes (impact) your program will accomplish annually in CY16.
- b. How does this compare to what you project to accomplish in CY15? (The answer to this question should specifically include how many people you project to serve in CY15 in foreclosure prevention and/or protection of tenants' rights and how many you are proposing to serve in CY16, including a description of the kinds of outcomes these clients achieved or will achieve as a result of your organization's assistance.)
- c. What are the key challenges to achieving these goals (besides full funding), and how will you address these challenges?
- d. What specific performance indicators/metrics will you track to evaluate progress toward your goals?

Impact of the Proposed Pre-purchase Program and/or Financial Education Program:

- a. Clearly and succinctly list your Program Goals, including specific and realistic annual outputs (activities) and outcomes (impact) that you anticipate your program will accomplish annually in CY16 based on the grants you are requesting.
- b. How does this compare to what you project to accomplish in CY15? (This question should specifically address how many people you project to serve in CY15 and how many you are proposing to serve in CY16, including what kinds of outcomes these clients achieved as a result of your organization's service.)
- c. What are the key challenges to achieving these goals (besides full funding), and how will you address these challenges?
- d. What specific performance indicators/metrics will you track to evaluate progress toward your goals?

PARTNERSHIP AND COLLABORATION: (15 points)

Describe how your organization utilizes partnerships to expand the reach and impact of your services:

- a. What organizations do you collaborate or partner with to serve prospective homeowners and why?
- b. What organizations do you collaborate or partner with to serve homeowners and tenants affected by foreclosure and why?
- c. What additional organizations do you plan to partner with, if any, in order to strengthen the reach of your program(s)?

PART 2. BUDGET INFORMATION

The budget is your program investment strategy and should clearly depict the sources and uses of funding for your homeowner assistance program(s). Using the budget form below, please indicate sources and uses for each fiscal year. Provide a narrative explanation for major budget line items. (*Attach as "Exhibit 2-E".*) An electronic copy of this template is available at:

<http://mdhope.dhcd.maryland.gov/Counseling/Pages/CounselorsPortal.aspx>

SOURCES	ACTUAL CY15	PROJECTED CY16	TOTAL
DHCD - MHCF CY16 (This Request)			
DHCD – MHCF Supplemental FY15			
DHCD - NFMF 8			
DHCD - NFMF 9			
Local Jurisdiction (Name Agency)			
Local Jurisdiction (Name Agency)			
Foundation (Name each individually)			
Foundation (Name each individually)			
Fees			
Individuals			
Corporations			
Add lines for additional sources, if needed			
Total, Sources			
PERSONNEL USES / EXPENSES			
Staff Salaries			
Benefits (Percentage)			
Sub-Total, Personnel			
NON-PERSONNEL USES/EXPENSES			
Technology			
Rent			
Telephone			
Postage			
Printing			
Legal Fees			
Consultant			
Training			
Accounting/Audit			
Add lines for additional expenses, if needed			
Sub-Total, Non-Personnel			
Total, Uses			
Balance			

SECTION III.

DOCUMENTS

REQUIRED DOCUMENTATION

1. Do the applicant's organizational documents permit the organization to accept grants?
☐ Yes ☐ No
2. If counseling staff are professionally certified, please provide copies of certification and names of staff persons. (*Attach as "Exhibit 3-A".*)
3. IRS 501(c)(3) Determination Letter. (*Attach as "Exhibit 3-B".*)
4. Certificate of Compliance with Maryland Solicitations Act or copies of application to the Secretary of State and proof of payment. (*Attach as "Exhibit 3-C".*)

REQUIRED ATTACHMENTS CHECKLIST
(Identify attachments as indicated)

Section I. Part 2.

- _____ **2-A** Overview of Organization Mission, History and Accomplishments
- _____ **2-B** List of Current Board of Directors with Affiliations and Addresses
- _____ **2-C** Audits for Last Two Years
- _____ **2-D** Operating Budget for Current and Prior Fiscal Year
- _____ **2-E** Proposed Program Budget for Next Year

Section III.

- _____ **3-A** Counselor Certifications
- _____ **3-B** IRS 501(c)(3) Determination Letter
- _____ **3-C** Certificate of Compliance with Maryland Solicitations Act (or copies of application to the Secretary of State and proof of payment)